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MARGIN RESERVED FOR BINDING
N. B.—WRITE ONLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully checked. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH		ARIZONA STATE BOARD OF HEALTH		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH		County <u>Yuma</u>		State <u>Arizona</u>	
Township <u>C</u>		City <u>Quartzsite</u>		Registered No. <u>12</u>	
Length of residence in city or town where death occurred <u>56</u> yrs. <u>8</u> mos. <u>27</u> da.		(If death occurred in a hospital or institution, give its NAME instead of street and number)		Ward	
2. FULL NAME <u>Costaquis Martinez</u>		How long in U. S. if of foreign birth? <u>57</u> yrs. <u>8</u> mos. <u>27</u> da.		St. <u>2</u>	
(a) Residence: No. <u>2</u>		(Usual place of abode)		Ward	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>Mexican</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>married</u>	
6a. If married, widowed, or divorced		6b. HUSBAND of <u>Barnen Martinez</u>		(or) WIFE of	
6. DATE OF BIRTH (month, day, and year) <u>Feb 2, 1878</u>		7. AGE		If LESS than 1 day, <u>hrs.</u> or <u>min.</u>	
Years <u>57</u>		Months <u>8</u>		Days <u>27</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>miner</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year) <u>Jan 1935</u>	
11. Total time (years) spent in this occupation		12. BIRTHPLACE (city or town) <u>Cheruburg</u>		(state or country) <u>Ariz.</u>	
13. NAME <u>Jose Martinez</u>		14. BIRTHPLACE (city or town) <u>Sonora</u>		(State or country) <u>Mexico</u>	
15. MAIDEN NAME <u>Luis Ruiz</u>		16. BIRTHPLACE (city or town) <u>Sonora</u>		(State or country) <u>Mexico</u>	
17. INFORMANT <u>Joe Martinez</u>		18. BURIAL, CREMATION, OR REMOVAL		Place <u>Quartzsite</u> Date <u>Sept 29, 1935</u>	
19. UNDERTAKER <u>W. H. Keesee</u>		20. Filed <u>Sept 29, 1935</u>		Registrar <u>Emelia H. Woodson</u>	
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept 29, 1935</u>					
22. I HEREBY CERTIFY, That deceased from <u>Sept 19, 1935</u> to <u>Sept 19, 1935</u>					
I last saw him alive on <u>Sept 19, 1935</u> death is said to have occurred on the date stated above, at <u>5:40 a.m.</u> <u>Sept 29th 35</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Pulmonary Tuberculosis</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____					
Where did injury occur? _____ (Specify city or town, county and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____ (Signed) <u>G. V. Worthington</u> M. D.					
(Address) <u>Physician's Office</u>					